

Published quarterly by the GROUP INSURANCE COMMISSION
for active and retired employees of the Commonwealth of Massachusetts

Jane Swift, Governor

Robert W. Hungate, Chairman
Dolores L. Mitchell, Executive Director

Summer 2002

GROUP INSURANCE COMMISSION

*Providing Massachusetts State
Employees, Retirees, and Their
Dependents with Access to
Quality Care at a
Reasonable Cost*

Inside This Issue of FYB:

- Tips for Keeping Your Health
Care Costs Down.....page three
- Retirees: Does TRICARE Know
You Have GIC Coverage?.....
.....page three
- Leapfrog Expands Into
Massachusetts Other Employers
to Support GIC with Improving
Patient Safety.....page four
- Radiology Benefits and Pitfalls
.....page five
- Out-Of-State Indemnity Plan
Members: How to Avoid Being
Balance Billed.....page five
- Sun Smarts - Cut Your Risk for
Skin Cancer.....page six

www.mass.gov/gic

*See our website for benefit
information including
benefit options
at layoff*

Become an Informed Hospital Patient with Our New Hospital Research Tool

In keeping with our mission of providing enrollees with useful health care information, we recently added a new tool enabling patients to do their own research about area hospitals. Select Quality Care™ is a web site, provided to the GIC by CIGNA HealthCare, that includes condition or disease specific hospital comparisons based on the following criteria:

- ◆ Number of patients treated
- ◆ Hospital mortality rates for specific illnesses and procedures
- ◆ Unfavorable outcomes
- ◆ Average number of days spent in the hospital
- ◆ Average hospital charges

Enrollees about to have a surgical procedure can use this information in conjunction with other resources, such as patient safety information and other tips found on our web site, to help them decide where to go for their care. Indemnity Plan, PLUS, and Indemnity Medicare Extension Plan members also have access to UniCare's *Making Healthy Decisions* tool, a similar kind of web-based information source.

These proprietary tools enable you to compare New England hospitals over a variety of measures to help select the most appropriate hospital given your personal health needs and preferences. Select Quality Care™ allows you to choose factors that are important to you, depending on your preferences and the nature of the procedure.

Using this tool, GIC enrollees can access the data that hospitals report to various state and federal agencies, which Select Quality Care™ then plugs into a frequently updated database. You are asked to select a procedure and location, indicate how far you are willing to travel for care, and then rank the selected measures by importance:

- ◆ Number of patients who have gone to the hospital for your selected procedure
- ◆ Number who have developed problems

*continued on page 3***FY03 Annual Enrollment**

Approximately 7000 people attended this year's GIC health fairs, see inside....



Sleep Tight - Benefits of a Good Night Sleep



With today's fast pace, it seems the only way to fit everything in is to cut back on sleep. However, it may be better to cut back on your obligations instead. Sleep is essential for maintaining good health and well being. Sacrificing sleep can result in your feeling moody, impatient, and having a hard time concentrating or making decisions. According to the National Highway Traffic Safety Administration, 200,000 auto accidents each year are related to sleep deprivation.

Although the optimal hours of sleep each night vary by individual, most adults need seven to eight hours of sleep per night. The National Sleep Foundation's 2002 "Sleep in America" Poll found that on average respondents sleep only 6.9 hours per week on weekdays and 7.5 hours on the weekend. The poll revealed that the longer people sleep on weekdays, the more likely they are to have a positive mood and attitude. It found that people who experience some form of insomnia are more likely to be:

- ◆ Female
- ◆ Shift workers
- ◆ Have children in the household
- ◆ Age 30 to 64
- ◆ In fair or poor health

Among the tips experts suggest for a good night sleep:

- ◆ Make sleep a priority - save the remaining things on your "to do" list for another day.
- ◆ Keep regular hours - go to bed around the same time each night and wake up at the same time each morning - even on weekends.
- ◆ Unwind early in the evening - read a book, take a bath, or listen to quiet music.
- ◆ Exercise - but not close to bedtime. The ideal time to exercise for sleep purposes is four to six hours before bedtime.
- ◆ Create an ideal sleep environment - a cool, but not cold, dark, quiet room on a comfortable mattress is best. Be sure your clock is not a distraction. Sometimes white noise, such as a fan, can help mask distracting noise like traffic.
- ◆ Don't use your bed to work, read, or watch television.
- ◆ Limit time awake in bed - if you cannot fall asleep after 10 to 15 minutes, get up and do something enjoyable, but not overstimulating, and then try to get to sleep again.

Some underlying causes of insomnia, long-term inability to sleep, include:

- ◆ Stress and depression.
- ◆ Sleep apnea, interrupted breathing during sleep, characterized by snoring.
- ◆ Narcolepsy - characterized by falling asleep during the day and frequently having temporary muscle paralysis.
- ◆ Restless legs syndrome - characterized by unpleasant crawling or prickling sensations in the legs and feet and an urge to move them for relief.

Talk with your doctor if you have any extended periods of insomnia.

Dear Susan Cooper (The GIC's EAP Coordinator):
"Thank you for taking the time to meet with my staff at the Call Center. I received very positive feedback. They found you to be congenial, down to earth, inclusive and responsive to their questions. My fabulous staff stated that they got good tips on how to effectively handle stress on the job front. Dealing with the public on a daily basis is not always pleasant, but (my staff) does so without hesitation. If other agencies understood the importance of your program, they would better be prepared to effectively deal with the public. Thank you for your (assistance). Warm regards, Claudette Houle, External Relations Manager, Board of Registration in Medicine."

If you are a manager or supervisor, and would like to access the GIC Employee Assistance Program (EAP) for your employees, contact Susan Cooper at United Behavioral Health 617-558-3412.



Jim Hamilton of Harvard Pilgrim Health Care provided bone density screening at the GIC's health fairs.



UniCare's Debbie Fraser speaks with Representative Frank Hynes (D-Plymouth).

Tips for Keeping Your Health Care Costs Down

With new copays and deductibles going into effect July 1, 2002, following your Plan's rules and procedures will help to keep your out-of-pocket costs down:

- ◆ **Get referrals** if you are in a GIC HMO or the Commonwealth PPO, call your Primary Care Physician (PCP) for a referral before *before* seeing a specialist.
- ◆ **Ask your doctor for drug alternatives** - bring your HMO or Express Scripts (Indemnity and PPO members) drug formulary list with you to your doctor's visit to find the most appropriate, cost effective prescription.
- ◆ **Notify your Plan of emergency room visits and inpatient admission** - call them within 24 hours
- ◆ **Check your handbook to see if pre-authorization is required** - Indemnity, PLUS, and Indemnity Medicare Extension members need to call before scheduling certain procedures or therapies, such as radiology or physical therapy. HMO and PPO

- members - be sure to get a referral from your PCP.
- ◆ **Before scheduling provider appointments, check with your Plan to be sure the provider is a network member** - Commonwealth PPO and Indemnity PLUS members pay higher out-of-pocket costs for non-network services; HMO members usually cannot access out-of-network care except in emergencies. Indemnity members - see related article for out-of-state coverage on page 5.
- ◆ **If you have a covered student over age 19, keep your student verification forms up to date** - see our web site for forms.
- ◆ **Consider using your community hospital for routine care.** Although your out-of-pocket costs do not vary between hospitals, use of expensive, teaching hospitals for non-tertiary care affects health care premiums for everyone.

Living healthy also lowers your health care costs. Eat right, exercise and don't smoke.

Retirees: Does TRICARE Know You Have GIC Coverage?

If you are enrolled in TRICARE, the military's supplemental insurance plan for its active and retired members, be sure to notify TRICARE that you also have GIC coverage. TRICARE, formerly known as CHAMPUS, is the payer of last resort. Medicare pays first, the GIC Indemnity Medicare Extension Plan or GIC Medicare HMO pays second, and TRICARE pays third. Notifying TRICARE of your GIC coverage will help to avoid billing problems and hassles.

Plan Updates are in the Mail

All GIC carriers, including the new LTD and retiree dental carriers, will mail new or updated handbooks throughout June for changes effective July 1, 2002. New members will also receive an ID card (no ID card for LTD).

Become an Informed Hospital Patient with Our New Hospital Research Tool

continued from page 1

- ◆ Mortality rates
- ◆ Length of hospital stay
- ◆ Average hospital charges

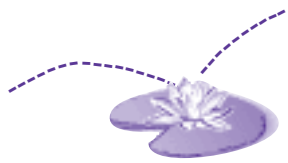
In just a few minutes, the tool generates an individualized report that compares hospitals across the key measures you have selected. It also includes information about three key patient safety measures that hospitals report to an independent data repository as part of the "Leapfrog" initiative reported on page 4.

To access Select Quality Care™, log onto our web site: www.mass.gov/gic.

Select Quality Care™ should not be considered advice or a recommendation by the GIC; it is provided as an informational tool only. Always ask the advice of your physician on important health care decisions.



Karen Lauchlin of Tufts HMO provided relaxing massages at the health fairs.



Leapfrog Expands Into Massachusetts Other Employers to Support GIC with Improving Patient Safety

Help is here to assist the GIC with our efforts to help reduce medical mistakes. In April the Leapfrog Group, a national coalition of large employers and government agencies committed to improving patient safety, expanded into Massachusetts. This means that other employers, including Verizon, Fidelity, and General Electric, will be seeking the same kind of patient safety information to report to their employees. "We cannot improve patient safety alone," said Dolores L. Mitchell, GIC's Executive Director. "We welcome the help and support of fellow Leapfrog members, who are similarly committed to helping their employees make informed decisions about where to seek care."

Tens of thousands of Americans die and many more are injured each year from preventable medical mistakes made in hospitals, according to the Institute of Medicine. The GIC was the first Massachusetts organization to join the Leapfrog Group (www.leapfroggroup.org). Our HMO contracts, which began on July 1, 2001, included a timeline for gathering, reporting, and communicating hospital data on three key safety measures developed by the Leapfrog Group, proven to reduce medical mistakes. Research conducted by Dartmouth Medical School indicates that these three improvements could save up to 58,300 lives per year and

prevent 522,000 medication errors if implemented by all non-rural hospitals in the United States:

- ◆ Use of computerized prescription systems (computer physician order entry – CPOE)
- ◆ Selection of hospitals with extensive experience for certain high-risk conditions and procedures
- ◆ Staffing Intensive Care Units (ICUs) with board-certified critical care physicians

"Although we received this data for many of the area's hospitals, gaps and discrepancies remain," said Dolores L. Mitchell. "By gathering this information, with the help of our health plans and other health care purchasers, we will be able to reduce the number of patients harmed or killed by preventable medical errors across the Commonwealth," said Dolores L. Mitchell.

Our new Select Quality Care Tool™, provided by CIGNA, includes Leapfrog data on a constantly updated basis (see page one for related article.) Indemnity, PLUS and Indemnity Medicare Extension Plan members also have access to *Making Healthy Decisions*, which also provides this information.



www.mass.gov/gic or www.state.ma.us/gic?

"Your web site www.state.ma.us/gic is listed as www.mass.gov/gic in the latest Benefit Decision Guide for Employees. A correction in future publications might be helpful." J. Jacobs, Massachusetts Bay Community College

Mass.Gov is the state's new website. In one place, you can find out information from many different agencies and offices. Visit "Working for the State" in the Your Government section of Mass.Gov to find out about your employee benefits and retirement information.

In addition to GIC benefit information, here's what you'll find:

- ◆ Leave Plans
- ◆ Alternative Work Options
- ◆ Public Service Guidelines and Policies
- ◆ Volunteer Opportunities
- ◆ Family and Personal Assistance
- ◆ Deferred Compensation Program
- ◆ Retirement Information

And more!!

All state agency web sites will be rolled onto the new mass.gov platform in the future. Check it out!

Radiology Benefits and Pitfalls

Chances are good that you, or someone you know, has benefited from radiology, such as CTs or MRIs. Computed Tomography (CT) is a popular form of radiology. This is used primarily for examining bony detail, calcification, sinus disease, and chest and abdomen imaging. Magnetic Resonance Imaging (MRI) scanners, the most rapidly growing form of technology, uses powerful magnets to compose a detailed picture of tissues and organs. MRIs are particularly valuable for studying the brain, spinal cord, and limbs. New developments in hardware and software have expanded the clinical applications of MRI to angiography, imaging of the thorax, detection of breast lesions, and use in neurosurgical planning and cardiac studies.

The use and cost of radiology have increased dramatically as a result of improvements and new applications. For the Indemnity and PLUS Plans, radiology costs per member jumped 13.8% from Fiscal Year (FY) '00 to FY '01. The number of radiology claims per member jumped 5.2% in the same time period. Diagnostic imaging accounts for five to

ten percent of overall health care costs. *The Boston Globe* reported that radiology costs could overtake prescription drug costs as the fastest growing component of health care costs.

Direct-to-consumer advertising of imaging radiology has contributed to this growth, urging people to use these services even without symptoms. The American College of Radiology recommends that whole-body CT screening only be performed on patients with symptoms or signs of a relevant condition. Brigham and Women's Hospital, concerned about inappropriate use of imaging and those costs, instituted a radiology information management system to assist with evaluating the efficacy of radiology for their patients. Your doctor and health plan use similar decision charts to evaluate whether radiology is right for you. Listen to their recommendations rather than relying on advertising. *Members of the Indemnity Plan, PLUS, and Medicare Extension Plan need to call UniCare for pre-authorization before scheduling certain MRIs and CT scans. Commonwealth PPO and HMO members' physicians do this on your behalf.*



Out-Of-State Indemnity Plan Members: How to Avoid Being Balance Billed



If you are an Indemnity Plan (non-Medicare only) member living out of state, your provider might be charging you the difference between his or her billed charges and the amount he or she is reimbursed by the Plan. This practice is known as balance billing and it can lead to minimal or substantial costs to you.

You can avoid being "balance billed" by using UniCare's nationwide network of providers. UniCare will mail out-of-state members a network card, and information on your area's providers this month. These providers have agreed not to balance bill members, saving you money. Use the network card in place of your Indemnity Plan card when using a network provider out-of-state. **If you are moving out of state for four weeks or more, be sure to call UniCare with your address change in order to receive your network card and benefit from these discounts. For additional details, call UniCare's Commonwealth Service Center 1-800-442-9300. These new fee schedules *do not apply* if you are in Medicare (OME).**

As previously announced, UniCare, the administrator of the GIC Indemnity Plan, will pay out-of-state providers based on a fee schedule effective July 1st. The fee schedule more closely resembles what other health plans pay these providers. These providers have been charging the Indemnity Plan much higher rates than what area health plans pay them. UniCare confirmed this disparity with a recent analysis of commonly performed procedures and determined that some out-of-state providers were overcharging for Indemnity Plan members' care.

<u>SERVICE</u>	<u>MASSACHUSETTS PROVIDER</u>	<u>OUT-OF-STATE PROVIDER</u>
Intermediate Office Visit	\$55	\$71
Colonoscopy	\$424	\$755
Hip Replacement	\$13,045	\$22,848
Chest Pain	\$3400	\$5091

The new fee schedule is reasonable and fair. However, some providers may bill you for the difference between their "sticker prices" and the new fee schedule.



Sun Smarts - Cut Your Risk for Skin Cancer

Summer is here and it's prime time for sun exposure. If you came to one of our health fairs, you may have taken advantage of Fallon Community Health Plan's sun safety booth. If so, you may have been shocked to see firsthand the damage your face has incurred from the sun.

Half of all new cancers are skin cancers. Approximately eighty percent of new cases will be basal cell carcinoma and squamous cell carcinoma. According to the American Cancer Society, both of these have a better than 95 percent cure rate if detected and treated early. Ominously, melanoma, the most dangerous form of skin cancer, has increased dramatically, soaring 31 percent in women and 17 percent in men between 1995 and 1999 according to the Department of Public Health. Melanoma is a skin cancer that arises in cells called melanocytes, cells that make the brown pigment called melanin. Six out of seven skin cancer deaths are from melanoma.

People who spend time in the sun are at a greater risk of developing skin cancer. Risk factors for melanoma include:

- ◆ Family history of melanoma
- ◆ Dysplastic nevi (non-cancerous, but unusual looking moles)
- ◆ Previous melanoma
- ◆ Weakened immune system
- ◆ Many nevi (moles): more than 50
- ◆ Severe, blistering sunburns, particularly if this occurred as a child or teenager
- ◆ Many freckles
- ◆ Fair skin and light eyes
- ◆ Frequent visits to tanning salons

Examining your skin regularly for any suspicious mole is the best way to detect skin cancer when it is still amenable to cure by simple excision. If melanoma is not treated early it may metastasize (spread) to other areas of the body, such as the lymph nodes, lungs, liver, brain or bones. Once this happens, there is a poorer chance of recovery.

If you see any of the following signs of skin cancer, or pre-cancer, consult your doctor immediately:

- ◆ Skin growth that increases in size and looks pearly, translucent, tan, brown, black, red, pink, or multi-colored

continued on page 7

Letters to the Editor



"I recently received the proposed dental plan for retirees. The charge for this plan \$77.16 per month (for two people) totals \$925.92 per year. According to Altus Dental, the annual maximum benefit is \$750 per member per calendar year. The most my spouse and I could recover is \$1500. I consider such a proposal for dental insurance as a poor benefit. Your retirees are purchasing coverage at a price which costs 2/3 of the highest benefit on a yearly basis. It is my understanding that the Commission is subsidizing dental programs for state employees. I therefore request that you do whatever you can to provide state retirees the same plan and subsidies that is being provided to state employees."

J. Greenberg, Boston

Editor's Note: The GIC was authorized by the Legislature to study the feasibility of a retiree-pay-all plan. Working with the Retired State, County and Municipal Employees Association of Massachusetts, we surveyed retirees' dental service needs and premium affordability. The study confirmed our expectations: enrollee pay-all plans are expensive. We designed the program with the criteria gleaned from retirees - a plan with provider choice and premium levels that respondents were willing or able to pay. In order for the plan to be financially viable, it had to have the benefit limitations we implemented. The GIC knows that this program will benefit some, but not all, retirees. The GIC will continue to work closely with the Retiree Association, our members, and our carrier, Altus Dental, to ensure the success of this Plan and to make appropriate changes should the Legislature decide to fund this program at some future time.

The GIC welcomes your feedback. We will include selected letters in our newsletter. The GIC reserves the right to edit your comments for clarity and space considerations. All letters must be signed with your name and address. Send Letters to the Editor to Cynthia McGrath, Editor, *For Your Benefit*, Group Insurance Commission, PO Box 8747, Boston, MA 02114-8747.



GIC road warriors Judy Settana, Nancy Bolduc, and Paul Murphy, ensured that all health fairs ran smoothly and efficiently. Commonwealth employees' and retirees' artwork adorned the backdrop for GIC's table.

Sun Smarts - Cut Your Risk for Skin Cancer

continued from page 6

- ◆ Mole that changes in color, size, or in texture, becomes irregular in shape, or is bigger than a pencil eraser
- ◆ Spot or growth that continues to itch, hurt, crust, scab, erode, or bleed
- ◆ Open sore that last for more than four weeks, or heals and then reopens
- ◆ Scaly or crusty bump that is dry and rough and may produce a tender sensation

Sun Safety Tips from the American Academy of Dermatology:

- ◆ Apply broad spectrum sunscreen with a Sun Protection Factor (SPF) of at least 15
- ◆ Reapply sunscreen every two hours when outdoors, even on cloudy days. Reapply immediately after coming out of the water.
- ◆ Wear protective, tightly woven clothing
- ◆ Wear a wide brimmed hat and sunglasses with UV-ray protection
- ◆ Stay in the shade whenever possible

Protect children by keeping them out of the sun, minimizing sun exposure, and applying sunscreens beginning at age six months



Lorraine Neilan of Fallon Community Health Plan showed enrollees skin damage caused by the sun. She counseled enrollees about being smart in the sun to avoid further damage.

Bill Hill, President Ralph White, and Shawn Duhamel, all of the Retired State, County and Municipal Employees Association of Massachusetts, stand with Altus' Ginger Hastings, representative of GIC's new Retiree Dental Plan.



Benefit Access

Indemnity & PPO Plans

GIC Indemnity Plan,	1-800-442-9300
GIC Indemnity Plan PLUS	www.plusaccess.com
GIC Indemnity Medicare Extension (UniCare)	
Commonwealth PPO (Tufts)	1-800-870-9488 www.tuftshealthplan.com
Mental Health, Substance Abuse, EAP - UBH	1-888-610-9039 www.unitedbehavioralhealth.com
Prescription Drugs - Express Scripts	1-877-828-9744 www.express-scripts.com

GIC HMOs

CIGNA HealthCare	1-800-244-1870
CIGNA CentralCare	www.cigna.com
Fallon Community Health Plan, Fallon Senior Plan Preferred	1-800-868-5200 www.fchp.org
Harvard Pilgrim Health Care Preferred 65 First Seniority	1-800-333-4742 www.harvardpilgrim.org
Health New England, Health New England MedRate	1-800-421-3550 www.healthnewengland.com
Neighborhood Health Plan	1-800-310-2835 www.nhp.org
Tufts Health Plan, Tufts Medicare Complement, Tufts Secure Horizons	1-800-462-5449 www.tuftshealthplan.com
	1-800-462-0224
	1-800-867-2000

Other Benefits

Employee Assistance Program (EAP) Accessed by Managers and Supervisors	617-558-3412 www.unitedbehavioralhealth.com
Dependent Care Assistance Program (DCAP) Sentinel Benefits	1-800-819-9833 mass.gov/gic/dcap.htm
Long Term Disability (LTD) CNA	1-866-847-6343 www.maemployeesltd.com
Life Insurance and AD&D	Call the GIC x801 mass.gov/gic/lifeinsurance.htm
LifeBalance® (password and ID: lifebalance)	1-800-854-1446 www.lifebalance.net
Medicare	1-800-633-4227 www.medicare.gov
State Retirement Board	1-617-367-7770 mass.gov/treasury/srb.htm
GIC Retiree Dental Plan	1-877-223-0588 www.altusdental.com
GIC Retiree Vision Discount Plan	1-800-783-3594 www.davisvision.com
Dental Benefits for Managers, Executive Office and Legislative Staff only	1-800-553-6277 www.deltamass.com
Vision Benefits for Managers, Executive Office and Legislative Staff only	1-800-650-2466 www.davisvision.com
Group Insurance Commission	1-617-727-2310 mass.gov/gic
TDD/TTY Access	1-617-227-8583

For Your Benefit is published quarterly by the
Commonwealth's GROUP INSURANCE COMMISSION
Dolores L. Mitchell, Executive Director
Cynthia McGrath, Editor

Why Do Prescription Drug Costs Continue to Rise?



Increased utilization is the primary driver of exploding prescription drug costs. Between 1992 and 1998, the number of prescription drugs sold has increased 37 percent. According to the Bureau of National Affairs, the three billion prescriptions sold in 2000 are expected to rise to 4 billion by 2004. This utilization is being caused by an aging population, aggressive marketing to physicians, and direct-to-consumer advertising.

Aging population: As the population continues to age, pharmaceutical utilization increases. Older Americans and people with disabilities have more acute and chronic illnesses and use more prescription drugs for treatment. Retirees, representing thirteen percent of the population, account for 40 percent of all prescriptions dispensed.

Aggressive Marketing to Physicians: Drug companies

spent \$8 billion in 2000 on advertising and employed 83,000 sales representatives to influence doctors. Additionally, they provided another \$8 billion in free samples to physicians. Imagine your doctor's office. Did you notice any pencils, coffee cups, or pads of paper with a pharmaceutical drug's name on it? Marketing efforts aimed at doctors take up more than 80 percent of pharmaceutical promotional budgets.

Direct to Consumer Advertising: Direct to consumer advertising has grown from \$791 million in 1996 to \$2.5 billion in 2000. Direct advertising accounts for 16 percent of drug promotion. Most advertising is concentrated on a few drugs, primarily those that treat chronic conditions and drugs with a low occurrence of mild side effects. For example, in 2000 \$161 million was spent to promote Vioxx, an anti-inflammatory drug, and \$100 million was spent on Claritin, an antihistamine. Direct advertising works. According to a recent FDA study, one quarter of patients requested a specific brand of drug during visits to the doctor and sixty-nine percent had the requested drug prescribed.

This publication has been approved by State Purchasing Agent Philmore Anderson III

157M-6/02-140050001



Printed on recycled paper

inside...

- ▶ New Hospital Research Tool
- ▶ Tips For Keeping Your Health Care Costs Down
- ▶ Leapfrog Expands Into Massachusetts
- ▶ Out-of-State Indemnity Plan Members: How to Avoid Being Balance Billed

Providing Massachusetts State Employees, Retirees, and Their Dependents with Access to Quality Care at a Reasonable Cost

COMMONWEALTH OF MASSACHUSETTS
GROUP INSURANCE COMMISSION
P.O. BOX 8747 • BOSTON, MA 02114-8747

PRSR STD
POSTAGE PAID
BOSTON, MA
PERMIT #53295